

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

337040

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51	1					
2	1						52	1					
3	1						53	1					
4	1						54	1					
5		4					55		4				
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12		4					62		4				
13	1						63	1					
14	1						64	1					
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16	1						66	1					
17		3					67		3				
18		3					68		3				
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32		4					82		1				
33		4					83		7				
34		4					84		7				
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37		4					87						
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49		4					99						
50		4					100						
TOTAL IND.	23						TOTAL IND.						
TOTAL DEP.	213						TOTAL DEP.						
TOTAL CLAIMS	238						TOTAL CLAIMS						

CLAIM		DATE
FINAL	ORIGINAL	
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